



CERTIFICATE OF MAILING

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Name (Print/Type)	Donna Macedo	Signature	<i>Donna Macedo</i>	Date	07-20-2001
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Combined Transmittal and Fee Calculation Sheet

Small Entity Large Entity

		Application Number	09/582,964
		Confirmation Number	n/a
		Filing Date	July 6, 2000
		First Named Inventor	Hoffman et al.
		Examiner	R. Travers
		Group Art	1617
		Attorney Docket No.	THUR001

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule	Total	17	27	0	\$ -	
<input checked="" type="checkbox"/> 37 CFR § 1.111	Independent	4	4	0	\$ -	
<input checked="" type="checkbox"/> Pages 10	Multiple					
		Total Extra Claim Fees			\$ -	

Extension of time from _____ to _____ Fee _____

Response to File Missing Parts (with copy of formalities letter)

<input type="checkbox"/> Filing Fee	Fee	
<input type="checkbox"/> Executed Declaration	Pages _____	Surcharge Fee
<input type="checkbox"/> Other	Fee	
	Subtotal \$ -	

Information Disclosure Statement

<input type="checkbox"/> PTO Form 1449	Pages _____
<input type="checkbox"/> Copies of Cited References	
<input type="checkbox"/> Other	Fee
	Fee
	Fee
	Subtotal \$ -

Response to Notice to Comply (with copy of Notice to Comply)

<input type="checkbox"/> Sequence Listing Certification	
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages _____
<input type="checkbox"/> Diskette in computer-readable format	
<input type="checkbox"/> Other	Fee

RECEIVED

JUL 26 2001

TECH CENTER 1600/2900

JUL 23 2001
PREFILED
TRADEMARK OFFICE
USPTO
RECEIVED

RECEIVED

JUL 26 2001 Fee

<input type="checkbox"/> Terminal Disclaimer					
Appeal to Board of Appeals and Appeal Communication to Group					
<input type="checkbox"/> Notice of Appeal	Pages	Fee			
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	Fee			
<input type="checkbox"/> Reply Brief	Pages	Fee \$ -			
			Subtotal \$ -		
<input type="checkbox"/> Other Enclosures and/or Fees _____ Fee _____					
<input type="checkbox"/> Change of Correspondence Address _____					
<input checked="" type="checkbox"/> Return Receipt Postcard					
			TOTAL FEES \$ -		
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. <i>And please copy of this page with the back of this page</i></p>					
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED					
Name (Print/Type)	Bret E. Field		Registration No.	37,620	
Signature			Date	07-20-2001	
Firm Name	Bozicevic, Field & Francis LLP		Address	200 Middlefield Road, Suite 200	
City	Menlo Park	State	California	zip	94025
Telephone - Direct Dial	650-833-7770		Facsimile	650-327-3231	

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